

CHANGING PATTERN OF VENEREAL DISEASES*

A COMPARISON BETWEEN 1935 AND 1960

BY

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The recent alarming increase in the incidence of venereal disease is rightly causing considerable concern, not only in the United Kingdom but in many other parts of the world. The fact that teenagers appear to be ready victims of this scourge prompts one to attempt to investigate what the situation was a generation or so ago. In other words, are the teenagers of to-day more promiscuous than their parents were? I think there can be very little doubt that they are and I propose to illustrate this trend from the experience of the V.D. clinics in Liverpool.

Ages of V.D. Patients in 1935 and 1960

In the year 1935, which was a typical pre-war year, 2,088 male patients reported at two large clinics for the treatment of venereal diseases in the City of Liverpool. All were found to be suffering from one or other of the venereal diseases. A much larger total number was seen, but for the purpose of this investigation only those definitely suffering from one of the diseases have been considered. Table I shows that only 56 (2.68 per cent.) of these 2,088 males were between the ages of 14 and 19 years. Of these 56

teenagers, 10.71 per cent. had acquired syphilis, 82.14 per cent. gonorrhoea, and 7.15 per cent. chancroid. The age group 20-25 years accounted for 24.8 per cent. of the total cases, and in this age group 17.18 per cent. had acquired syphilis, 72.22 per cent. gonorrhoea, and 10.6 per cent. chancroid.

In the same year, at two female clinics, 440 patients were found to be suffering from venereal disease. Again, many others reported but were found not to be infected. Of these 440, 38 (8.3 per cent.) were between the ages of 14 and 19 years. Of these 38 teenagers, 36.84 per cent. had acquired syphilis and 63.16 per cent. had gonorrhoea (Table II). The age group 20-25 years accounted for 25.9 per cent. of the total cases and in this age group 32.46 per cent. had acquired syphilis and 67.54 per cent. had gonorrhoea.

TABLE II
FEMALE CASES OF VENEREAL DISEASE IN 1935

Age Group (yrs)	Diagnosis		Total	
	Syphilis	Gonorrhoea	No.	Per cent.
14-19	14	24	38	8.63
20-25	37	77	114	25.9
26-29	26	43	69	15.68
30-39	65	58	123	27.95
40-49	46	18	64	14.54
50+	30	2	32	7.30
Total ..	218	222	440	100

TABLE I
MALE CASES OF VENEREAL DISEASE IN 1935

Age Group (yrs)	Diagnosis			Total	
	Syphilis	Gonorrhoea	Chancroid	No.	Per cent.
14-19	6	46	4	56	2.68
20-25	89	400	29	518	24.8
26-29	96	338	29	463	22.12
30-39	167	436	51	654	31.32
40-49	98	155	16	269	12.93
50+	63	59	6	128	6.15
Total ..	519	1,434	135	2,088	100

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In 1960, a total of 2,379 male patients who reported at the same two clinics were found to be suffering from venereal disease (Table III, opposite). Of this number, 233 (9.79 per cent.) were between the ages of 13 and 19 (compared with 2.68 per cent. in 1935). The diseases diagnosed were syphilis (5.5 per cent.), gonorrhoea (48 per cent.), non-gonococcal urethritis (44.2 per cent.), chancroid (1.84 per cent.), and

TABLE III
MALE CASES OF VENEREAL DISEASE IN 1960

Age Group (yrs)	Diagnosis					Total	
	Syphilis	Gonorrhoea	Non-gonococcal Urethritis	Chancroid	Lymphogranuloma Venereum	No.	Per cent.
13-19	13	112	103	4	1	233	9.79
20-25	42	399	423	13	7	884	37.11
26-29	17	215	192	2	4	430	18.07
30-39	22	275	245	3	2	547	23.0
40-49	29	69	101	2	1	202	8.49
50+	22	18	41	2	—	83	3.54
Total ..	145	1,088	1,105	26	15	2,379	100

lymphogranuloma venereum (0.46 per cent.). The age group 20-25 years accounted for 37.11 per cent. of the total cases, and in this group 4.75 per cent. had acquired syphilis, 45.13 per cent. gonorrhoea, 47.85 per cent. non-gonococcal urethritis, 1.47 per cent. chancroid and 0.8 per cent. lymphogranuloma venereum.

In 1960, the same two clinics recorded that 331 female patients were suffering from venereal disease (Table IV). Of this total, 74 (22.35 per cent.) were in the age group 13-19 years, and the disease diagnosed was gonorrhoea in every case, no syphilis being seen in this age group. The age group 20-25 years accounted for 46.22 per cent. of all cases; 3.27 per cent. had acquired syphilis and 96.73 per cent. had gonorrhoea.

TABLE IV
FEMALE CASES OF VENEREAL DISEASE IN 1960

Age Group (yrs)	Diagnosis		Total	
	Syphilis	Gonorrhoea	No.	Per cent.
13-19	—	74	74	22.35
20-25	5	148	153	46.22
26-29	—	42	42	12.69
30-39	8	33	41	12.38
40-49	5	7	12	3.62
50+	7	2	9	2.74
Total ..	25	306	331	100

It will be seen that a larger number of male patients reported in 1960 than in 1935, and that the percentage of teenagers increased from 2.68 to 9.79 per cent. and of those aged 20-25 years from 24.8 to 37.11 per cent.

It will also be noted that two venereal diseases diagnosed in 1960 were not mentioned in 1935—non-gonococcal urethritis and lymphogranuloma

venereum. In 1935 the first-mentioned condition was not generally recognized and all patients suffering from urethritis were considered to have gonorrhoea. Thus in 1960 the incidence of urethritis, both gonococcal and non-gonococcal, accounts for 92.2 per cent. in teenagers and 92.98 per cent. in those aged 20-25 years. Lymphogranuloma venereum was diagnosed in 1935 but was not separately classified in the annual returns submitted to the Ministry of Health and is not therefore included in this survey. The actual numbers were small and make little or no difference to the subject under discussion.

The incidence of syphilis has diminished considerably; indeed, the comparatively large number of cases of acquired syphilis in 1960 is due to importation by seafarers and to late cases of the disease seen in consultation with our medical colleagues. Chancroid has decreased markedly, from 135 in 1935 to a mere 26 in 1960. For this there seems little doubt that modern treatment is responsible.

The total number of females diagnosed as suffering from venereal disease decreased from 440 in 1935 to 331 in 1960, but the percentage of teenagers increased from 8.63 to 22.35 per cent. and of those aged 20-25 years from 25.9 to 46.22 per cent.; thus the percentage of patients aged 25 and under has doubled from 34.53 to 68.57 per cent. Whereas syphilis accounted for no less than 36.84 per cent. of all infections in teenagers in 1935, there was not a single case in 1960, and in the age group 20 to 25 years the percentage of cases of syphilis fell from 32.46 to 3.27 per cent., a truly remarkable achievement.

Discussion

From the foregoing there can be no doubt that the teenager of to-day is more promiscuous than the teenager of a quarter of a century ago, and if the present trend is to be reversed much remains to be done. The treatment of the venereal diseases has greatly advanced during this time and has become

relatively simple, but this factor, in itself, can constitute a danger. Far too many patients cease to attend before they have been observed long enough to satisfy the Medical Officer that an actual cure has been achieved, and, undoubtedly, some of these patients are still harbouring infective organisms. It has long been recognized that asymptomatic female patients can harbour gonococci and act as carriers of the disease. It has more recently been observed that under certain conditions male patients may also have minimal symptoms and act as carriers. Far too many patients are "treated" with a single injection of penicillin without an accurate diagnosis and tests of cure are seldom performed. The dangers of such a practice can hardly be minimized.

In the early years of the second world war considerable publicity was given in the press to the problem of venereal disease and it can be assumed that teenagers and others then had some knowledge of the means of spread and the dangerous sequelae of these diseases. Unhappily, since that time, with few exceptions, the subject has again been under a sort of taboo, with the result that the young person of to-day has no proper knowledge of these diseases. If full advantage is to be taken of the new discoveries in medicine it is essential that ignorance should be abolished. I fear that even to-day many people still believe that venereal diseases do not attack so-called "nice" people. It is imperative that such an attitude be dispelled and that all should realize that those who take sexual risks lay themselves open to the risk of contracting venereal disease whatever their social status.

The problem is by no means only a medical one. These diseases can now be cured if tackled early, but the real problem is one of prevention. There seems little doubt that children become sexually mature earlier than they did some decades ago, and the proper age to instruct young people in sexual matters and the risks of promiscuity may have to be reconsidered in the light of this fact.

Summary

The ages of patients with venereal disease seen in Liverpool during 1935 and 1960 have been compared. The percentage of male teenagers increased from 2.68 per cent. in 1935 to 9.79 per cent. in 1960 and of female teenagers from 8.63 to 22.35 per cent. There is no doubt that the young people to-day are more promiscuous than their parents were a quarter of a century ago.

Mutabilité de l'incidence des maladies vénériennes de 1935 à 1960

RÉSUMÉ

L'auteur compare l'âge des gens atteints de maladies vénériennes qui ont été vus à Liverpool en 1935 et en 1960. Les cas masculins âgés de 13 à 19 ans augmentèrent de 2,68 % en 1935 à 9,79 % en 1960, et les cas féminins de 8,63 % à 22,35 %.

Il n'y a aucun doute que la vie sexuelle des jeunes gens de nos jours est plus libre que celle de la génération précédente.